Evaluation Report of IDRC-Supported HIV/AIDS Research Projects

Evaluation Unit
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Executive Summary

This evaluation studies IDRC-supported AIDS-related projects. Its objective is to evaluate the outcomes, both outputs and processes, of IDRC-supported AIDS projects. The study seeks first to consolidate and report on the results of these projects and second, to inform discussion about future research needs and priorities. The study focused on three critical issues, (i) Gender Analysis, (ii) Inter-disciplinarity, and (iii) Capacity Building.

This evaluation is the first aggregate assessment of IDRC's activity in AIDS-related research, and offers an important contribution to define what IDRC has done and what it can do in the future.

Findings and conclusions are drawn from file reviews, field trips and in-depth interviews with selected project leaders, as well as from self-administered questionnaires completed by the project leaders.

The study shows that IDRC-supported AIDS-related projects have significantly contributed to international AIDS research, particularly in developing countries. The Centre funded its first AIDS-related project in 1986. Since then it has spent $5,673,069 CAD, funding 37 projects in 13 countries.

The distribution of Centre support corresponds with the incidence of HIV infection in the developing world. Out of the 37 projects, 24 (65%) have been undertaken in Africa, the continent which has been hit hardest by the AIDS pandemic; 6 projects (16%) have been undertaken in Latin America and the Caribbean; only 2 (5%) have been conducted in Asia, which has been hit more recently than the other continents; and the remaining 5 projects (14%) which have global implications have been carried out in Canada and the United States.

The projects encompass three areas of research: (i) social and behaviourial research (59% of the projects), (ii) biomedical research (30% of the projects), and (iii) other subjects, which include *inter alia* AIDS research networks (11%).

The study also reveals that in the vast majority of the projects (76%), gender issues were considered at some point during the project. 34% of the projects have not addressed women's' needs explicitly in their objectives; however, these needs were incorporated during implementation in 58% of the projects.

With regard to inter-disciplinarity, the data indicate that inter-disciplinarity has been employed in 74% of the projects. In 45% of the projects, an inter-disciplinary approach was not employed from the onset of the project, but was incorporated during the implementation phase instead.

As to capacity building, the study shows that IDRC support is achieving its goal of creating and enhancing research capacity in developing countries. 63% of the research managers, 52% of the co-researchers, 48% of the target groups, and 30% of national

AIDS programs in the recipient countries have significantly benefited from the capacity building attained through the projects.

An interesting remark revealed by the study is that the AIDS-researchers supported by IDRC tend to be more interested in disseminating their research results in international fora and publications than in local ones. 78% of the project leaders presented their research results in international conferences, while only 38% of them disseminated their findings in national fora.

Recommendations

1. An evaluation of technology transfer of the AIDS Dipstick should be undertaken in order to yield wider application of the dipstick in developing countries, for which it was designed.

2. Future IDRC-supported research should make research on home-based care for AIDS patients a priority.

3. Because condom use and availability have declined significantly, the social marketing of condoms should also be researched.

4. Although various and strong AIDS education campaigns have been undertaken, the message is not getting through. It is also clear that many of those most at risk are well educated about the risks. In order to make the message more compelling, influential community members should be involved in the studies.

5. Inter-disciplinary approaches should be pivotal for future AIDS research, as AIDS affects all aspects of life and all sectors of society.

6. The socio-economic impact of AIDS on the families of the victims and the community at large should be included in any future AIDS research supported by the Centre. Research on income generating alternatives for women and improvement of their social and legal status are crucial aspects of this.

7. Numerous project leaders reported that they could not address the needs identified by the community members because their projects did not include interventions. To avoid this problem, community members should be involved during the project development, and their needs and concerns should be addressed in the project objectives.

8. At times of budget constraints, it might not be feasible that IDRC-supported research projects contain an intervention component. Hence it is important that IDRC collaborates with the other donors who support AIDS research, so that IDRC supports the research components and the others support the interventions.

1. Introduction and Background

According to the estimates of the Global Programme on AIDS (GPA) of the World Health Organization (WHO), more than 17 million people have been infected by the Human Immunodeficiency Virus (HIV) as of 30 June 1994.

GPA also estimates that about 4 million cumulative[1] AIDS cases have occurred worldwide since the onset of the AIDS pandemic in late 1970s/early 1980s. This represents a 60% increase over earlier estimates that there would be 2.5 million cases as of July 1993.

Currently Africa bears the greatest burden, with over 60% of the cumulative AIDS cases and about 60% of the HIV infections worldwide. However, the potential exists for a devastating spread of HIV and AIDS in Asia, where over half of the world's population lives. The most recent estimates indicate an increase of about 67% from mid-1993 to mid-1994. Furthermore, WHO projects that by the year 2000, there will be a cumulative total of 30-40 million people who are HIV infected, of whom 12 to 18 million will have developed AIDS. 90% of these people will be in developing countries[2].

Table 1 gives more details about the estimated increases of cumulative adult HIV-infections throughout the world for the first six months of 1994.

Table 1: Estimated Distribution of Cumulative Adult HIV-infections in the World

Region	As of December 31, 1993	As of June 30, 1994
Africa	> 9,000,000	> 10,000,000
South and South-East Asia	2,000,000	2,500,000
Latin America and the Caribbean	1,500,000	2,000,000
North America	> 1,000,000	> 1,000,000
Western Europe	> 500,000	> 500,000
East Asia and the Pacific	25.000	50,000
Eastern Europe and Central Asia	> 50,000	> 50,000
Australasia	>25,000	> 25,000
Global Total	> 14,000,000	> 16,000,000

Source: Weekly Epidemiological Record.

[1] Cumulative cases comprise both living and dead victims of the pandemic.

[2] Weekly Epidemiological Record No. 26, July 1994.

Global Status of HIV Infection and AIDS Cases

Box 1: GPA estimations of Global HIV infections and AIDS cases as of June 30, 1994

- More than 16 million adults have been infected by HIV since late 1970s/early 1980s.
- Over 1 million children have been infected in the same period.
- 80-90% of the child infections took place in Africa.
- About 4 million cumulative AIDS cases have occurred world wide. Over 2.5 million of these cases have occurred in Africa.
- There has been an increase of over 60% in number of AIDS cases since 30 June, 1993.
- Over 60% of the AIDS cases happened in Sub-saharan Africa.
- The number of HIV-infected people in Asia has increased up to 67% - from 1.5 million in June 1993 to 2.5 million in June 1994.

Projections

- 30-40 million HIV-infections will have occurred in the world by the year 2000.
- 12-18 million of these people will have developed AIDS.
- 90% of them will be in the developing countries.
- 5-10 million infected children will be born in Africa.
- 10-14 million children will be orphaned by AIDS worldwide.
- 90% of these orphans will be in Africa.
- The number of HIV-infections in Asia will increase 4-fold by the year 2000.

2. Purpose of the Evaluation

According to the Centre's strategy, there are certain principles upon which the Centre's operating style must be built. "Demanding accountability and learning from the past to improve performance in future"[3] are the important principles which provide the imperative for evaluation studies like this one.

[3] Empowerment through Knowledge p.18.

The purpose of this study is to assess both the outputs and the processes of IDRC-supported AIDS projects for two reasons: (1) in order to consolidate and report on the results of these projects and (2) to help identify future research needs and priorities.

2.1 Specific objectives

The specific objectives of this study are:

- to document and analyze IDRC's support for AIDS research
- to evaluate the outcomes and impact of project results as well as their sustainability.

This evaluation has paid particular attention to three issues:

(a) Gender Analysis
(b) Inter-disciplinarity and
(c) Capacity Building

(a) Gender Analysis

Men and women are affected by the AIDS pandemic in very different ways, not only bio-medically, but also socially and economically. This review investigated the extent to which IDRC supported AIDS-related projects incorporated gender dimensions. Issues addressed relate to the following questions:

- who did the Centre projects target intentionally?
- who were the ultimate beneficiaries?
- how did the projects' results affect women and men?
- how many of the projects' objectives explicitly related to women's/men's needs?
- were women involved in the research design? and
- how were women represented in each of the research teams?

(b) Inter-disciplinarity

One criticism of AIDS/HIV research is that it has been largely focused on as a health issue. In parts of sub-Saharan Africa, the pandemic's overall social and economic impact is already enormous and is bound to become more devastating. From the perspective of development, the research needs to expand to look at AIDS and its effect on many sectors of society, including education, economics, social institutions and policy. Therefore, to adequately address AIDS issues in research, projects require interdisciplinary approaches.

Inter-disciplinary research involves researchers from different disciplines. A feature of this approach is the collaboration and cooperation of such researchers in all phases of the project from the problem formulation stage to the analysis and synthesis of the results.

This study has sought to assess (i) the level of inter-disciplinarity of the AIDS-related projects, and (ii) the advantages and disadvantages of the inter-disciplinary approach of these research projects.

(c) Capacity Building

As stated in the Centre's Mission Statement, "IDRC is dedicated to creating, maintaining and enhancing research capacity in developing regions in response to the needs that are determined by the people of those regions in the interest of equity and social justice". [4]

One objective of this study was to measure the degree of capacity building attained and/or strengthened through IDRC's AIDS-related projects and to document who benefited from that capacity building, i.e. if this has been institutional, managerial or individual.

3. Methodology and Data Sources

The study was conducted from June 1 through December 31, 1994. The methodological tools chosen for this study were: a review of all the project files, a self-administered questionnaire for the project leaders (Annex II), in-depth interviews and field observations of selected projects to obtain qualitative data (Annex IV). Members of the former AIDS Committee of IDRC as well as program staff have also been interviewed.

The data and information obtained through the above-mentioned methods were analyzed to come to the conclusions reached in this study.

Limitations

Methodological limitations of the study included:

- Evaluation of financial and administrative aspects of the projects were not part of this study.
- Due to time and budget constraints, only 12 selected projects were visited. Three project leaders were interviewed by telephone.
- Data from the questionnaires and interviews were based on the perspective of the project leaders, and the information gathered through file reviews.
- Thirty-three questionnaires were sent out to the project leaders. The questionnaire was not applicable to the following projects:

  88-0408 which was a video prepared for the Fifth International AIDS Congress in Montreal in 1989, and
  90-0243 which was support for *International Forum for AIDS Research* (IFAR).

[4] Ibid. p. 7.

For two other projects (*STD and AIDS Prevention for Adolescents in Colombia*, 89-0165, and *AIDS Counselling and Education in Senegal*, 90-0261), the evaluator did not succeed in tracing the project teams.

- The evaluator had to rely on colleagues for the translation of completed questionnaires and final reports in French and Spanish, as well as for review of project files in these languages.

4. Findings and Observations

This section summarizes the main findings and observations drawn from:

(i) project file reviews,
(ii) the questionnaires to the project leaders, and
(iii) in-depth interviews with selected project leaders.

4.1 Project Files Review

IDRC funded its first AIDS-related project in 1986, *Paediatric AIDS in Kenya, Ph. I* (86-0177). Since that time the Centre has spent $5,673,069 CAD, funding 37 projects in 13 countries.

The IDRC response corresponds with the incidence of HIV infection in the developing world. Out of the 37 projects, 24 have been undertaken in Sub-saharan Africa, the region with the largest number of HIV and AIDS cases. Six projects were in Latin America and the Caribbean, while 2 have been conducted in Asia (see Annex I).

Within the Centre, Health Sciences Division (HSD) was assigned a special role as coordinator for IDRC sponsorship of AIDS-related research. The HSD, as the lead Division, exclusively funded 31 of the 37 AIDS/HIV projects supported by IDRC. The former Communications Division funded 2 projects (*HIV Transmission in Mexico*, 88-0403, and *STD and AIDS Prevention for Adolescents in Colombia*, 89-0165). Four projects were funded collaboratively; two of them by Health Sciences and Social Sciences Divisions (*Understanding High Risk Sexual Behaviour in Kenya*, 90-0204, and *Socio-cultural Determinants of AIDS in Zimbabwe*, 90-0328), one by Health Sciences and Communications Divisions (*AIDS Education in Ghana*, 91-0274) and the other one by Information Sciences & Systems, Social Sciences, Health Sciences and Communications Divisions and the former AIDS Committee (*Economic and Social HIV/AIDS Prevention Strategies for Northern Thai Women*, 91-0221) (see Figure 1 and Table 2).

Figure 1: Number of funded Projects per Division

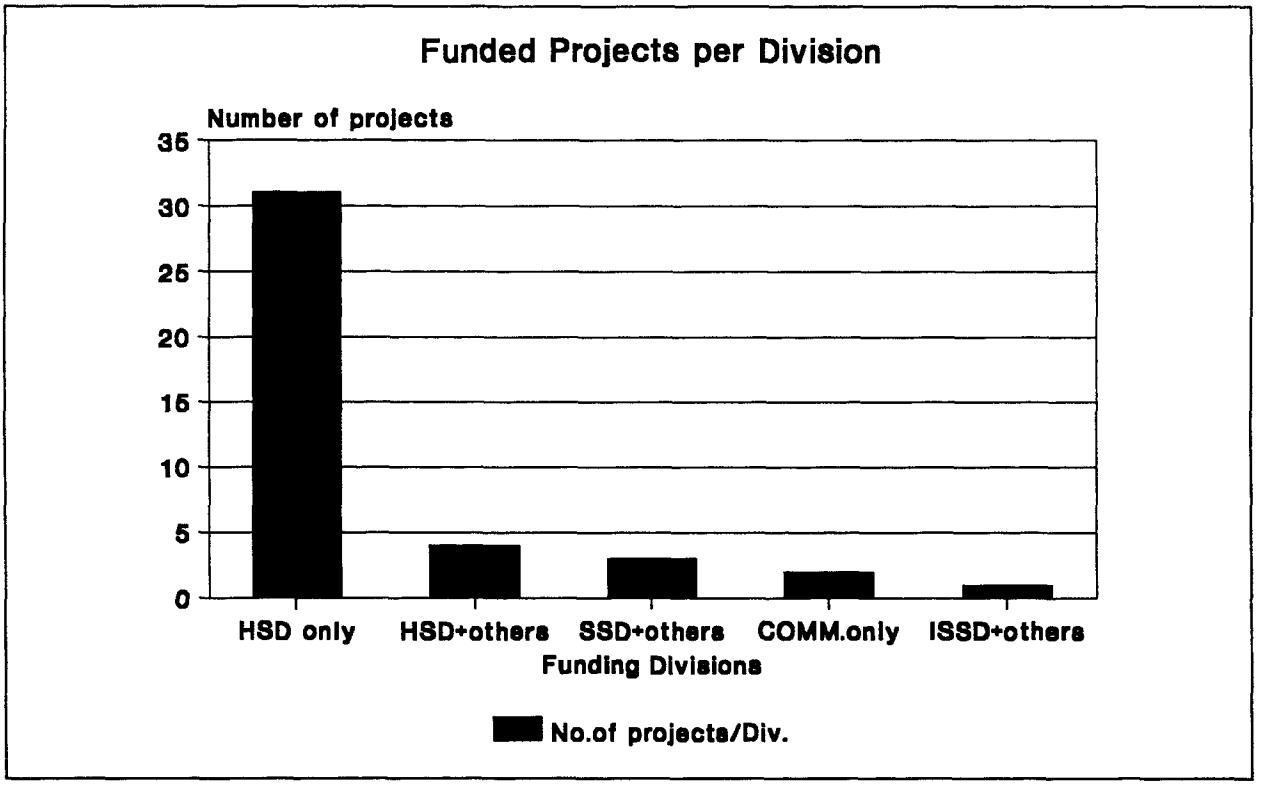


Table 2: Collaborative HIV/AIDS Projects

Project Title and Number	Total Grant in CAD	Major Funder	Contribution in CAD*
90-0204 Understanding High Risk Sexual Behaviour	83,445	HSD	63,445 (76%)
90-0328 Socio-cultural Determinants of AIDS	118,670	HSD	68,670 (58%)
91-0274 AIDS Education in Ghana	74,400	HSD	60,400 (81%)
91-0221 Economic and Social HIV/AIDS Prevention Strategies for Northern Thai Women	445,200	ISSD	145,200 (33%)

* Number in parentheses indicate contribution of the major funder.

The IDRC-supported research projects encompass biomedical research, social and behaviourial research and support for networks. These could be classified into the following research categories:

Epidemiology
Diagnostics (technological)
Control & Prevention, and
Other.

(See Figures 2.1 & 2.2, and Annex III.)

Bio-medical Research

This research is comprised of Epidemiology and Diagnostics. It includes 7 projects with an epidemiological focus and 4 with a diagnostics focus. This research accounts for a total of $2,731,945 CAD, or 48% of the total IDRC support for AIDS related research.

Epidemiological Research

In order to develop appropriate interventions for combating the spread of AIDS, it is imperative to understand the transmission modes of HIV, the nature and the magnitude of the infection. In this respect IDRC has supported epidemiological research with a total funding of $2,304,173 CAD (41% of its AIDS research budget).

Diagnostics: the AIDS Dipstick

The Centre understands the enormous strain that HIV/AIDS has on already exhausted and overburdened health care systems in developing countries. IDRC has therefore supported the development of a simple, stable, rapid, reliable and affordable method for HIV-detection and conducted an evaluation of the device's efficacy. A total amount of $427,772 CAD (7%) has been appropriated for this research.

A series of projects which belong to this category are *AIDS Diagnosis Phases I, II* an *III* by *Program for Appropriate Technology in Health* (PATH). PATH has successfully completed the development of the **AIDS Dipstick**. This technology was designed to be appropriate under field conditions in developing country environments. It is a cost-effective and highly accurate method for HIV-detection. Technology transfer to the South has taken place and the HIV-Dipstick is now being produced in India, Indonesia and Thailand. CIDA has also funded its transfer to Cameroon. Plans are being developed for its production in China and South Africa. A technology transfer phase (*AIDS Diagnosis Ph.IV*) in Latin America is also under discussion in IDRC's Corporate Services Branch.

IDRC's work on the AIDS Dipstick has received worldwide recognition.

Social and Behaviourial Research

This research includes different projects dealing with *control and prevention*. In the absence of a vaccine against HIV-infection or a cure for AIDS, the only way to combat HIV/AIDS is through control and prevention. Accordingly, the majority (59%) of the AIDS-related projects supported by the Centre belongs to this group. It includes: sexual research, socio-economic research, socio-cultural research and research which focuses on information, education and communication (IEC). Funding in this category accounts for $2,432,371 CAD, 43% of IDRC AIDS research funding.

Realizing that AIDS is a sexually transmitted disease (STD), and understanding that sexuality and STDs are culturally and socially sensitive topics, IDRC organized a workshop on human sexuality in the Centre in June 1989, prior to the Fifth International AIDS Conference in Montreal. This workshop was held in order to establish a basis for culturally sensitive sexual research methodology. The workshop was pivotal for the sexual research supported by the Centre. Twenty-two percent of IDRC-supported AIDS projects focus on issues regarding Sexuality and Sexual Health.

Other

This category includes support for networks (discussed below) and the production of a video. The video was made for the Fifth International AIDS Conference in Montreal which was co-sponsored by the IDRC (88-0408). The networks and video were funded with $508,780 CAD (9% of IDRC's AIDS funding).

Networks

IDRC has realized the need for collaboration and communication between AIDS researchers in the South as well as the need to exchange information and share experience. It therefore supports the two networks in Africa. This support contributes to the training of researchers to improve their research capabilities, and small research grants for the member countries.

The Centre supports two African networks: *Network for AIDS Researchers in Eastern and Southern Africa* (NARESA) and *West and Central Africa AIDS Research Network* (WCAARN). Collaboration of the world's AIDS researchers is imperative to the success of AIDS-related research. South-South collaboration in this field is of particular importance due to inadequate infrastructure and research capabilities in developing countries in general, and in Africa in particular.

The Centre also supported the *International Forum For AIDS Research* (IFAR), which was supposed to be a mechanism for coordination and communication among the international donors which fund AIDS research.

Figure 2.1: Research Categories of HIV/AIDS Projects

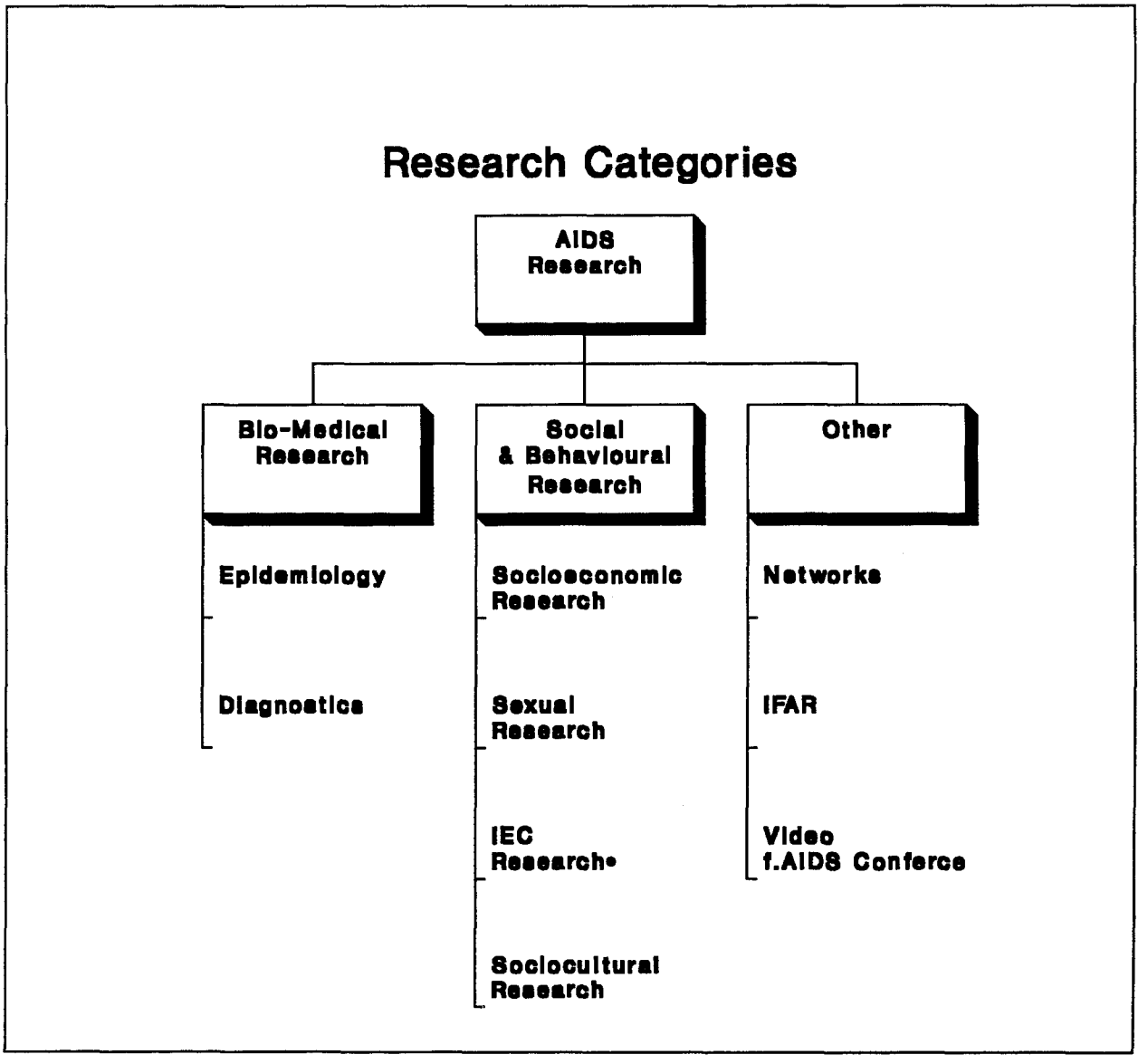
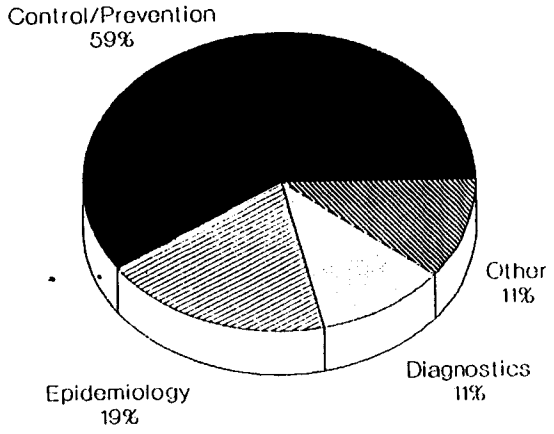


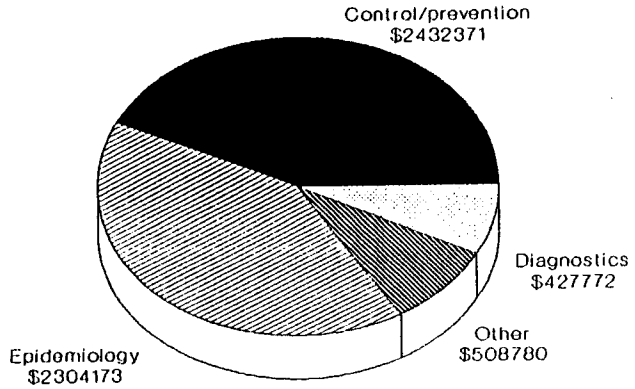
Figure 2.2 AIDS Research Categories

Research Categories in percent



Total of 37 projects

*Grants per Research Category**



* Total of 5,673,096 CAD.

Objectives of the projects:

While Projects have a wide variety of objectives, most of them fall within the following categories:

i. surveying the level of awareness and knowledge of AIDS as well as attitudes, beliefs and practices of people;

ii. identifying socio-cultural risk factors for acquisition of the Human Immuno-deficiency Virus (HIV);

iii. understanding high risk sexual behaviour for HIV acquisition and transmission;

iv. determining risk and frequency of vertical transmission of HIV from mother to fetus or infant;

v. determining the impact of paediatric HIV infection on safety or efficacy of routine childhood immunizations;

vi. developing, testing and evaluating appropriate interventions; and

vii. developing, testing and evaluating cost-effective, rapid and reliable technology for HIV detection that is appropriate for developing countries.

4.2 Field Observations and Interview findings

Twelve projects were visited; five in Kenya, five in Uganda and two in Zimbabwe. They included 5 biomedical research projects, six social and behavioral research projects and one project which supported the NARESA network.

Gender Consideration:

Gender considerations can be incorporated into all stages of a project cycle. However, in the vast majority (75%) of the projects visited, gender analysis was not considered during the project design, although it was applicable. Only 17% have gender considerations in their objectives. In 33% of the projects, gender issues have been considered during the implementation of the projects. 33% of the projects targeted mothers and their neonates. However, with the consent of the women, the research teams sometimes sought the involvement of the fathers in the study, especially if a mother or child tested positive, and they wanted to test the father or talk with him about infection.

Inter-disciplinarity

An interdisciplinary approach was employed in 67% of the projects, while the other 33% were approached from a single discipline.

While inter-disciplinarity was applied in one phase or the other in most of these interdisciplinary projects, only 16% of the projects have been inter-disciplinary during all the project phases, from project design to the analysis and synthesis of results. In some projects, inter-disciplinarity meant little more than having a research team which included members with different disciplinary backgrounds. In such cases, problem formulation, project design, project implementation and problem-solving are all approached from a single discipline. These include the projects on *Social Analysis of AIDS in Uganda* (89-0324), *Sexual Behaviour and STDs (HIV) in Long Distance Truck Drivers in Kenya* (90-0196), and *Socio-cultural Determinants of AIDS in Zimbabwe* (90-0328).

Capacity Building

Generally, the capacity building achieved through the visited projects was significant. The study indicates that researchers have benefited remarkably from the capacity building component of the projects. 75% of the project leaders mentioned that their co-researchers and research assistants have enhanced their research skills very significantly. 33% of them reported that *almost all of their research assistants have pursued research related careers that are highly valued in their countries*. One project leader expressed concern that he may lose his research assistants due to their improved research skills. Most of the target groups have also improved their knowledge about AIDS. In some cases, *community members who participated in the research are involved in AIDS education programs as peer educators*. In addition, over 40% of the recipient institutions have enhanced their research capabilities either through equipment obtained by the project, or a new research methodology introduced by the study.

Dissemination of Results and Recommendation

75% of the visited projects have resulted in publications in international journals, and/or presentations in international fora (AIDS conferences, seminars, and/or workshops). More than 50% of the project leaders have disseminated their research results in two or more international fora. However, only 37% of them have disseminated them through local publications and/or fora.

As indicated by medical experts, this decade is the **Era of AIDS.** AIDS-related research should be refocused. Most of the visited project leaders as well as co-researchers have emphasised the pressing need for research on home-based care for the AIDS patients. IDRC supported research in future, should therefore make research on this area a priority.

4.3 Findings from the Questionnaire

Questionnaires were sent out to thirty three project leaders. Twenty seven of them were completed and returned, representing a response rate of 82%. This is a very high response rate for mailed-out questionnaires.

Question 1: Is the project ongoing?

Of the 37 AIDS projects supported by the Centre, 15 (40.5%) are currently ongoing in 9 countries. In total these projects represent an expenditure of $ 3,436,061 CAD, which accounts for over 60% of the total support. The 22 projects which have been closed represent a total funding of $ 2,233,858 CAD.

Section I: Achievement of the objectives

Box 2 outlines some of the main findings from the first set of questions in the questionnaire. These questions asked about the level of achievement of the project objectives, the causes for that level of achievement, the main obstacles and constraints encountered by the project, the outcome and results of the project, and the sustainability and utilization of those research results. The answers to these questions are examined in greater detail below.

Box 2: Achievements and Constraints according to the project leaders' responses

- 60% of the projects met their objectives while the other 40% exceeded the objectives.
- 80% of the respondents attributed their success to the fact that the study was appropriate and timely.
- 30% of the project leaders mentioned that they encountered delays in remittance of funds.
- 16% indicated that IDRC was partially or totally responsible for these delays.
- 24% of the project leaders encountered problems regarding follow-up of the cohort groups.
- 76% of the respondents stated that their research results are being utilized by government agencies, NGOs and other institutions in their countries.

Question 2: To what degree were the project objectives met?

According to self-assessment on the part of the project leaders, 40% of the projects have exceeded or greatly exceeded their objectives, while another 60% met their objectives.

Question 3: What in your opinion was the cause of the level of achievement of the project objectives as answered in question 2?

80% of the respondents attributed the success of their projects to the fact that the research has been appropriate, very necessary and timely.

27% of the respondents also mentioned community participation as a co-factor for their success.

Question 4: What were (are) the main obstacles/constraints this project encountered?

In answering this question, 30% of the respondents stated that delays in remittances of the funds was a major constraint to their projects. Of the 30%, 16% indicated that IDRC has been partially or totally responsible for these delays, while the other 14% indicated that the delays were due to transactions at a local level.

A substantial percentage (24%) of the respondents mentioned that they have encountered problems regarding the follow-up of cohort groups. Most of these respondents believe that offering some sort of social support to the cohort members would be a solution to this problem.

Another 18% stated that they could not address the needs identified by the community who expect some sort of intervention from the research teams. This could lead to discouragement and mistrust of the participating community members.

Question 5(a): Are the project results/outcomes what you expected?

40% of the respondents stated that expected outcomes/results have changed over the course of the project. Examples of unexpected outcomes mentioned by the project leaders include:

- Level of awareness and knowledge about HIV/AIDS is much higher than expected.
- Vertical HIV transmission rate (from mother to fetus) as well as morbidity and mortality rates of the infected children are lower than expected.
- Condom use is more acceptable but less accessible and less available than expected.

- Sexual dialogue among groups of different ages and sex as well as between parents and children became less of a taboo during the AIDS era.

These research outcomes are based on the responses provided by the project leaders through the questionnaire and during the in-depth interviews. One of the recommendations made from these observations was to increase the availability of condoms, perhaps through social marketing.

Question 5(b): Which factors in Question 4 affected the outcomes and how?

Although a considerable number of respondents reported that they have encountered the constraints and obstacles mentioned in question 4, they all indicated that these constraints have not affected the outcomes or results of their projects.

Numerous respondents indicated that they borrowed funds from other sources in order to commence the projects, while others mentioned that the commencement date was postponed.

Question 6: Would you consider the project outputs to be sustainable after the cessation of IDRC funding, i.e. research results to be utilized and changes to be maintained?

72% of the project leaders responded that their research outcomes would be sustainable after the cessation of IDRC funding. 28% responded that either the question was not applicable or their outcomes would not be sustainable. There were different reasons given for the latter response such as: follow-up actions are required, and subjects need some sort of incentive.

76% of the project leaders mentioned that their results are already being utilized by government agencies and non governmental organizations for AIDS education and prevention programs. Examples of such projects include: *Paediatric AIDS in Kenya, Paediatric AIDS in Uganda, Women and AIDS in Zimbabwe, Socio-cultural determinants of AIDS in Zimbabwe, AIDS among rural Isan women in Thailand, Sexual attitudes and behaviour of adolescents in the Dominican Republic, AIDS counselling and education in the Dominican Republic, Sexual practices and risk factors for AIDS in Senegal,* and *Maternal HIV in Haiti.*

Section II: Gender Analysis

The second section of the questionnaire focused on gender issues related to AIDS research. The questions attempted to uncover the extent to which IDRC-supported projects reflect the different ways men and women are affected by AIDS/HIV, not only biomedically, but also socially and economically. The questions asked about gender considerations in the project, target groups, benefits reaching the target groups, women's needs, the impact of the projects on men and women, and the involvement of women in the research team. Highlights from the answers are again given in the box below, while more detail from each question is given in the text which follows.

Box 3: Gender issues extracted from the responses of the Project Leaders

- 22% of the project leaders were women, 50% of them targeted only women as their study groups.
- 76% of the respondents indicated that their projects considered gender issues.
- 46% of the projects targeted women and men,14% targeted only women, 11% targeted women and their newborns, 5% targeted only men while another 5% targeted the whole community.
- 43% projects benefited men and women equally, 27% benefited women more than they benefited the women while 11% benefited men more.
- 34% of the project leaders indicated that women's needs were not addressed explicitly in the project objectives, while 58% stated that they incorporated women's needs during the implementation of the project.

Question 7: Does the project reflect consideration of gender issues?

In response to this question, 76% indicated that gender issues have been considered in their research. The majority of the respondents mentioned that although this was not specifically addressed in the objectives, it has been incorporated during the implementation of the project. Numerous project leaders who targeted only men or women initially, mentioned that they had to involve the other sex during the implementation of the project.

Question 8: Who are/were the target group of the project?

Response to this question indicates that 46% of the projects targeted women and men, 14% of the projects targeted only women, 11% targeted women and their neonates, 5% targeted only men, while another 5% targeted the whole community including children.

Through the added comments and in-depth interviews, it would appear that most of the project leaders wish they had targeted men, women and children right from the project design.

Question 9: How have men and women benefited?

According to the respondents, 43% the projects benefit men and women equally, 27% benefited women more than men while 11% have been more beneficial to men than women.

Question 10: Were the needs and interests of women explicitly addressed in the objectives?

34% of the respondents answered "no" to this question. However 58% of the respondents indicated that women's needs were explicitly addressed during the implementation of the project. Questionnaires and interviews contained gender specific questions and were analyzed accordingly.

Question 11: What impacts did/would the project have on men and women? How do they differ?

The majority of the respondents reported that their projects have had an equal impact on men and women. However, a substantial number (25%) indicated that the impact on women was more positive and stronger than that on men. Explanations given for this include:

- women view themselves as more vulnerable and therefore they are more committed to change risk behaviours;
- women feel more responsible for AIDS prevention and the care of infected people; and
- women believe they could gain empowerment through AIDS education.

Change of behaviour by men or women was not mentioned as a significant impact. Changes in behaviour are long term impacts which require social change. The projects reviewed covered too short a period of time to realistically expect changes in sexual behaviour.

Question 12: Did your research team include women? If yes, in what capacity have they been involved in the project?

All the respondents mentioned that their research team included women. 22% of the project leaders have been women. 50% of the projects lead by women targeted women exclusively.

Section III: Inter-disciplinarity

The third section of the questionnaire asked respondents about inter-disciplinarity. The questions were designed to assess the degree of inter-disciplinarity of the project, as well as the advantages and disadvantages of the inter-disciplinary approach in comparison to mono-disciplinarity. Box 4 outlines some of the major findings. More details follow in the text.

Box 4: Inter-disciplinarity application in the projects

- Almost all the respondents strongly advocated an inter-disciplinary approach for future AIDS research.
- 74% of the respondents reported employing inter-disciplinarity in their projects.
- They have also emphasised that the advantages of inter-disciplinary approaches far exceed the disadvantages.
- 50% of those who did not use inter-disciplinary approaches stated that it was a missed opportunity.
- 45% of those who pursued inter-disciplinarity reported that they did not use it during the design stage.

Advantages mentioned by project leaders include:

- enriched the understanding of the issues;
- the variety of expertise provided a holistic approach to problem-solving and greater diversity in perspective; and
- facilitated in-depth analysis and interpretation of the findings from different angles.

Disadvantages mentioned include:

- seeking the input of researchers from different disciplines is time-consuming;
- it is difficult to reconcile competing interests of the different researchers; and
- pre-determined approaches to problem solving pose challenges.

Question 13: Is/was the project inter-disciplinary? If yes, what disciplines are/were involved?

According to responses provided by the project leaders, inter-disciplinary approaches were not applicable to 16% of the projects. These projects included: *Maternal HIV-infection in Haiti, Women and AIDS in South Africa* and *Paediatric AIDS in Kenya Ph. I.*

74% of the respondents reported that they have employed inter-disciplinarity in their projects, while the other 26% indicated that they have used a mono-disciplinary approach. Over 50% of these project leaders who had employed mono-disciplinarity, in spite of applicability of an inter-disciplinary approach, stated that inter-disciplinarity was *a missed opportunity* in regards to their research. They also emphasised that they would employ an inter-disciplinary approach in the future.

Question 14: Which one(s) was/were the lead discipline(s), if any?

The leading disciplines depended on the type of research. For the Socio-behavioral research, disciplines from social sciences such as sociology, psychology, have been the leading disciplines, while bio-medical sciences such as epidemiology and microbiology were leading in the biomedical research projects.

Question 15: At what stage were the other disciplines involved?

45% of the respondents who reported pursuing inter-disciplinarity during their research mentioned that they employed it not during the onset of the project, but during the implementation. However, it is noteworthy that they all wished they had done so right from the formulation of the problem.

Questions 16 and 17: Please explain what advantages/disadvantages the interdisciplinary approach has for this project. And, If the project has been approached from a single discipline, please describe what advantages and/or disadvantages it has had compared to an inter-disciplinary approach.

In response to this question, it is clear that almost all the respondents strongly advocated an inter-disciplinary approach for future AIDS research, saying the advantages of interdisciplinary research far exceed the disadvantages.

Some of the advantages which were referred to included:

- enrichment of understanding of the issues;
- variety of expertise which provided an holistic approach to problem solving and greater diversity in prospective; and
- it facilitates in-depth analysis and interpretation of the findings from different angles.

Disadvantages mentioned by some project leaders included:

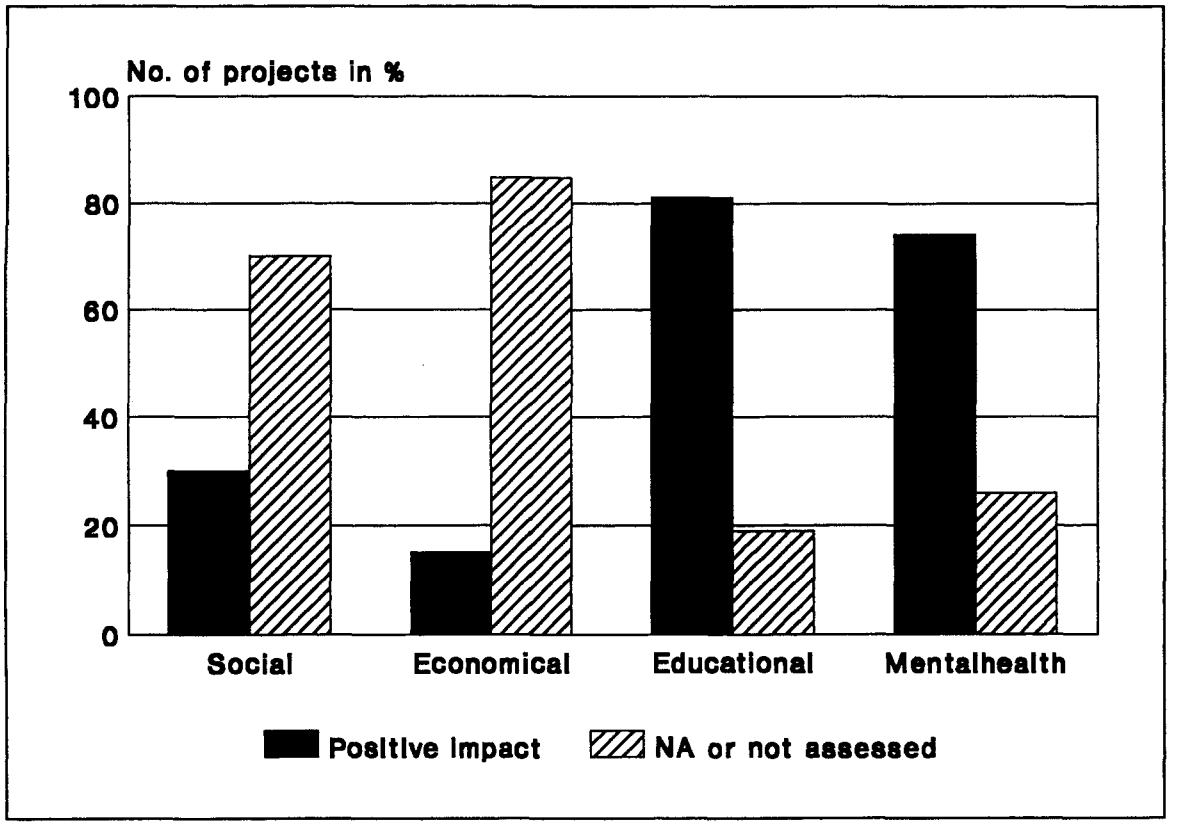
- it has been time consuming to seek the input of the researchers from the different disciplines;
- it was difficult to reconcile competing interests of the different researchers with a tendency of protectiveness of own discipline; and
- pre-determined or pre-conceived approaches to problem solving posed challenges.

Question 18: Has this project had positive impact on the social, economic and educational status or mental health/wellbeing of the target groups/beneficiaries?

The vast majority of the respondents reported that their studies impacted positively on the educational status as well as on mental health/wellbeing of the target groups (81% and 74% respectively). (See Figure 3.)

Assessment of the impact on social and economic status was not applicable according to 70% and 85% of the respondents respectively, while the remaining 30% and 15% indicated positive impacts. The data indicate that the socio-economic impact of the research was neither planned nor assessed, although it is a crucial component of AIDS research.

Figure 3: Impact of the Projects on target Groups



Question 19: Has it had any negative impact?

Two respondents mentioned rare cases of separation, divorce and wife or child abandonment in cases of HIV sero-positivity. These problems might have been prevented or resolved through counselling of the HIV victims and their families.

Section IV: Capacity Building

Capacity building is more or less a systematic process of strengthening an individual's or an institution's ability to identify problems, assess needs, establish priorities for action design, implement programs and evaluate their effects. In Section IV of the questionnaire, the respondents were asked if IDRC support contributed to the enhancement of capacity of recipient institutions and individuals. Box 5 profiles some of the general findings from these questions, which are explored in greater detail in the paragraphs below.

BOX 5: Capacity Building

- All the respondents confirmed that there has been a capacity building component in their projects.
- Beneficiaries of the capacity building included project leaders; recipient institutions; other researchers as well as target groups. Achieved capacity was rated by the project leaders as very significant or significant.
- Variables to measure were capacity building in research skills and research management; applicability or utilization of research results, and the sustainability of the research results after the cessation of IDRC support.
- Most of the respondents graded the achieved capacity in research skills and research management as excellent. While they graded the applicability and utilization of the research results as good.

Question 20: Has there been a capacity building component in the project?

Respondents were asked if there has been capacity building component in their project and all answered affirmatively. This suggests that IDRC is meeting its goal of creating,

maintaining and enhancing research capacity in developing countries in its AIDS-related research .

Question 21: Please indicate who benefited from the capacity building contributed by this project and the degree of significance in the table provided.

This question was divided in two parts: (i) who benefited from the capacity building? and (ii) what was the degree of capacity achieved? According to the respondents, the beneficiaries which developed capacity included: recipient institutions, research managers, other researchers, target groups, and the community at large. The degree of capacity achieved was rated as *very significant* or *significant*. (See Table 4 and Figure 4)

Table 4: Beneficiaries and Capacity Building Accomplished by the Projects

Beneficiaries	V. significant	Significant	Insignificant	N/A
Recipient Institution	48%	52%	0	0
Research Manager	63%	37%	0	0
Other Researchers	52%	48%	0	0
Target Group	48%	41%	4%	7%
Community	44%	33%	7%	15%
Program*	30%	37%	0	33%

* The national AIDS program of the recipient country.

Question 22: Please indicate the capacity building accomplished by this project on capacity building, utilization of research results and sustainability.

Respondents were asked to rate the degree to which projects achieved of the above-mentioned factors. The question provided a scale from 1 (poor) to 5 (excellent). The rating of 6 was provided where the factors were not applicable (see Annex II). Variables

to measure were capacity building in research skills and research management, applicability or utilization of research results, and the sustainability of the research results after the cessation of IDRC support.

The average rating graded by the respondents was (see Table 5 for more detail):

4.74 research skills
4.37 research management
4.00 applicability or utilization of research results
3.12 sustainability after cessation of IDRC's support

Figure 4: Capacity Building Achieved by the Projects

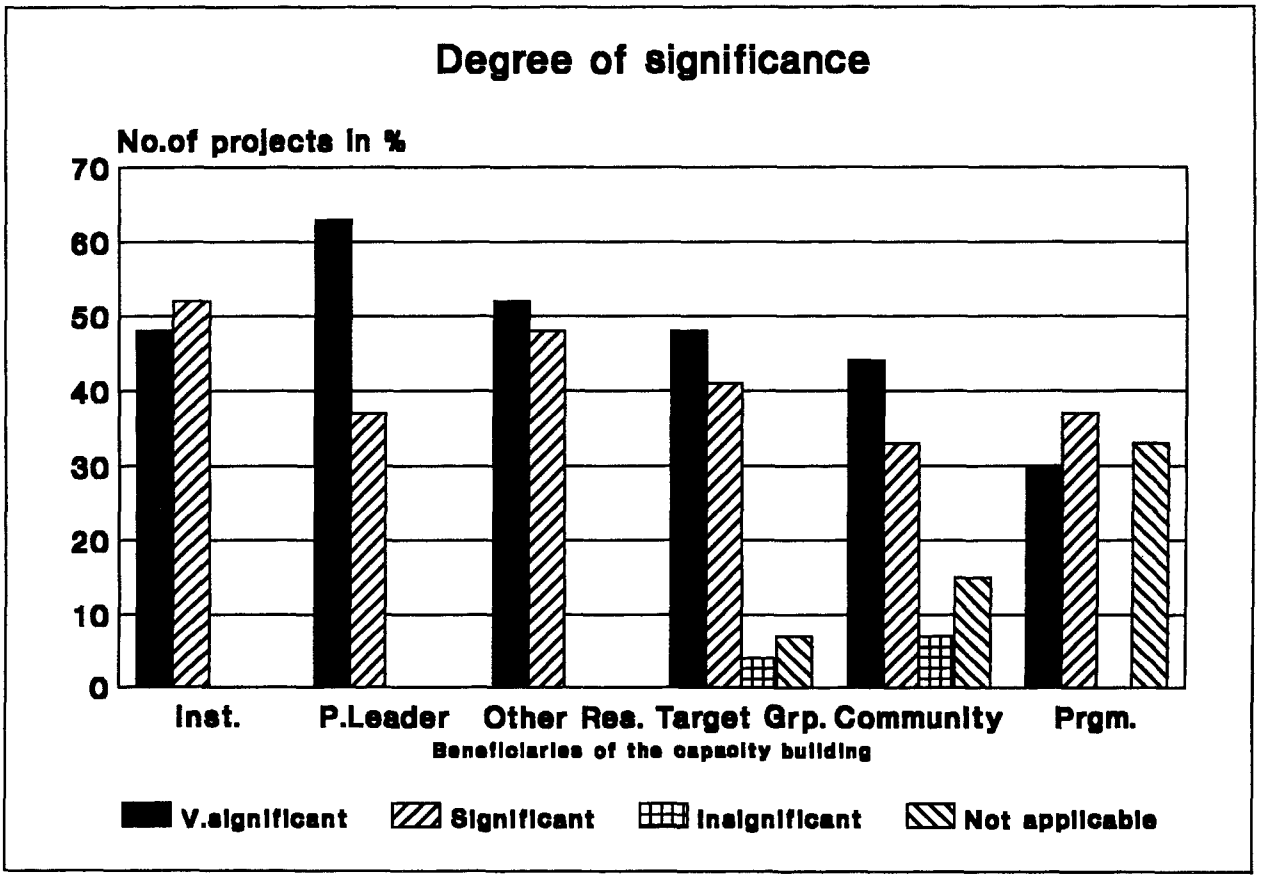


Table 5: Capacity Building, Utilization and Sustainability of Research results (Question 22)

	Poor (1)	Below average (2)	Average (3)	Good (4)	Excellent (5)	Not applicable (6)
Research Skills	0	0	0	26%	74%	0
Research Management	0	0	11%	41%	48%	0
Applicability/Utilization of research results	0	4%	22%	44%	30%	0
Sustainability of the results after cessation of IDRC's support	4%	15%	30%	37%	4%	11%

The largest number of respondents noted research skills as the prime capacity attained or strengthened through the projects. The second largest category was research management.

V. Project Outputs and Results

The final section of the questionnaire sought to document the outputs and results of the projects. As can be seen in Annex II, the questions in this section included checklists regarding different aspects of project results, including information sharing/dissemination, training and knowledge creation. The questions also asked about the significance of those project results. Box 6 summarizes the answers to these questions, which are elaborated in greater detail below.

BOX 6: Research Outputs

- The vast majority of IDRC-supported AIDS-related research projects (78%) resulted in presentations at conferences and symposia.
- 44% of the project leaders published their results in international journals.
- 41% of the project leaders presented their findings at international workshops and seminars.
- 38% of the respondents disseminated their results at national workshops and seminars, while 30% published them in local journals, monographs and/or annual reports of national AIDS programs.
- The most common reason provided by the project leaders for why the results were disseminated in international, and not local, fora and media is that dissemination was not budgeted, and that their participation in the international fora was funded externally.
- A considerable number of the project leaders stated that researchers, research assistants and/or themselves pursued post graduate studies based on their research projects.
- Components of IDRC-supported AIDS-related projects are included in three completed and one on-going dissertations.

Project Results

- More than 93% of the respondents indicated that their project yielded significant or very significant training workshops or seminars.
- 71% mentioned very significant or significant education tools.
- According to the project leaders, most of these workshops, seminars and education tools were neither planned nor expected as outcomes.

Question 23: Please Indicate the types of outputs produced by the project. [See Appendix II for full question.]

It is interesting to note that the most common research output from IDRC's AIDS-related research projects was presentations at international fora. 78% of the project leaders presented their findings at international conferences and symposia, while another 41% presented at international workshops and seminars. 44% of the respondents also succeeded in publishing their results in international journals. However, dissemination at the local level was less common. 38% have disseminated results at national workshops and seminars, while 30% published them in local journals, monographs, or annual reports of the national AIDS program (see Table 6). This shows that researchers tend to be more interested in disseminating their results at international levels than locally. Some respondents justified that because dissemination was not budgeted, it has not taken place locally, whereas participating in the international fora was supported by external sources.

A considerable number of project leaders also stated that researchers, research assistants or themselves pursued post graduate education based on the research supported by the Centre. Three completed dissertations include components of the following projects: *Sexual Practices & Risk Factors for AIDS in Senegal, Paediatric AIDS in Uganda, Ph. II,* and *Women & AIDS in South Africa*. Another on-going dissertation is related to *AIDS Education in Ghana.*

Table 6: Project Outputs (Question 23)

Research Output	Number of Projects
International Conference/Symposia	78%
International Journal/Book Chapter	44%
National Journal/Annual report/Monograph	30%
International Workshop/Seminar	41%
National Workshop/Seminar	38%
CD-ROM/Database/ Information service	30%
Audio-visual Aids or Materials	7%
Popular press/Radio/TV program	52%
Training/fellowship	41%
Post graduate Education	22%
Local Community Initiatives	30%

Question 24: Please indicate the degree of significance of results or potential results of the project in the table provided.

In this last question, project leaders were asked to indicate the degree of significance of results and/or potential results. They chose between *very significant, significant, of limited significance, none* and *not applicable*.

Research results which were to be measured by the project leaders included:

- training, seminars and/or workshops
- change of behaviours/attitude of the target groups
- educational tools

More than 93% of the respondents indicated that their projects yielded significant or very significant training workshops or seminars, while 71% mentioned significant or very significant educational tools.

It is of further interest to mention that most of these training workshops/seminars as well as the educational tools were neither planned nor expected as outcomes or results.

5. Conclusions

There have been a significant number of studies conducted with IDRC support both in biomedical and socio-behaviourial research since the onset of the HIV-pandemic. Remarkable achievements have been made through IDRC-supported AIDS research: the internationally recognized **AIDS Dipstick** and the **Paediatric AIDS (Kenya)** are both breakthroughs in biomedical AIDS research.

The summary of the findings from the file reviews, field observation, in-depth interviews, and the questionnaires to the project leaders, confirms that IDRC-supported AIDS research has contributed significantly to AIDS-related research in developing countries.

Sub-saharan Africa, which has the largest AIDS-affected population in the world, has benefitted most. 65% of IDRC's AIDS-related research projects have been conducted there. However, in Asia, where over half of the world's population lives, the Centre supported only two projects, both in Thailand.

The study revealed that in the vast majority of projects (76%), **gender analysis** was considered at some point during the course of the project. However, most of these projects have not incorporated gender considerations during the design stage. Many project leaders (34%) indicated that women's needs were not addressed explicitly in the projects' objectives, while 58% mentioned that they addressed them during the project implementation. Moreover, 14% indicated that their projects targeted only men, while 11% targeted only women and their neonates. Many of these project leaders who targeted one group or the other had to include the sexual partners of their cohort group since AIDS is a sexually transmitted disease.

The survey indicates that almost all respondents strongly advocated inter-disciplinary approaches to AIDS research. Those who pursued this approach (74%) stated that **the advantages of inter-disciplinarity far exceed the disadvantages**. Most of them employed it during the implementation stage. Those who did not employ inter-disciplinarity, in spite of it's applicability, indicated that it was a missed opportunity and emphasized that they would use it in future.

The study also identifies that **research on the socio-economic aspects of the AIDS pandemic is very weak**. Only 3 of the AIDS-related projects supported by IDRC have socio-economic components in their research.

Furthermore, the study shows that **IDRC support is achieving its goal of creating and enhancing research capacity** in developing countries. According to respondents, 48% of the recipient institutions, 63% of the research managers, 52% of the co-researchers, 48% of the target groups, 44% of the community and 30% of national AIDS programs benefitted very significantly from capacity building support. Researchers and research

assistants have improved their research skills considerably and are leading AIDS research in their countries.

The study also demonstrates that **researchers tend to be more interested in disseminating their research results in international fora and journals rather than in their own countries.** 78% of the project leaders presented their findings at international conferences and symposia and 41% presented at international workshops and seminars. Only 38% disseminated their results through local or national workshops and/or seminars.

During the in-depth interviews, numerous project leaders and co-investigators indicated that condom use has declined considerably recently due to unavailability.

6. Recommendations

1. An evaluation of technology transfer of the AIDS Dipstick should be undertaken in order to yield wider application of the dipstick in the developing countries, for which it was designed.

2. Future IDRC-supported research should make research on home-based care for AIDS patients a priority.

3. Because condom use and availability have declined significantly, the social marketing of condoms should also be researched.

4. Although various and strong AIDS education campaigns have been undertaken, the message is not getting through. It is also clear that many of those most at risk are well educated about the risks. In order to make the message more compelling, influential community members should be involved in the studies.

5. Inter-disciplinary approaches should be pivotal for future AIDS research, as AIDS affects all aspects of life and all sectors of society.

6. The socio-economic impact of AIDS on the families of the victims and the community at large, should be included in any future AIDS research supported by the Centre. Research on income generating alternatives for women and improvement of their social and legal status are crucial aspects of this.

7. Numerous project leaders reported that they could not address the needs identified by the community members because their projects did not include interventions. To avoid this problem, community members should be involved during the project development, and their needs and concerns should be addressed in the project objectives.

8. At times of budget constraints, it might not be feasible that IDRC-supported research projects contain an intervention component. Hence it is important that IDRC collaborates with the other donors who support AIDS research, so that IDRC supports the research components and the others support the interventions.

ANNEX I

AIDS/HIV PROJECTS IN EASTERN AND SOUTHERN AFRICA (EARO)

PROJECT NUMBER & TITLE	AMOUNT IN CAD
86-0177 Paediatric AIDS in Kenya Ph.I	$443,736
86-0336 Paediatric AIDS in Uganda Ph.I	$74,378
87-0309 AIDS Health Education in Uganda	$33,395
89-0118 Paediatric AIDS in Uganda Ph. II	$105,080
89-0324 Social Analysis of AIDS in Uganda	$61,250
91-0131 HIV and Refugees in South Africa	$221,450
90-0196 Sexual Behaviour & STDs(HIV) in Long Distance Truck Drivers in Kenya	$146,774
90-0204 Understanding High Risk Sexual Behaviour in Uganda	$83,445
90-0328 Socio-cultural Determinants of AIDS in Zimbabwe	$118,670
90-0349 Understanding High Risk Sexual Behaviour in Kenya	$50,546
90-0355 HIV & Labour Movement in South Africa	$74,749
91-0206 Women and AIDS in South Africa	$16,190
92-8455 Women and AIDS in Zimbabwe	$41,860
92-0215 Network of AIDS Researchers NARESA (Regional)	$150,000
91-1013 Paediatric AIDS in Kenya Ph.II	$485,270

AIDS/HIV PROJECTS IN L. AMERICA & THE CARIBBEAN (LARO)

PROJECT NUMBER & TITLE	AMOUNT IN CAD
88-0403 HIV Transmission in Mexico	$224,470
89-0165 STD & AIDS Prevention for Adolescents in Colombia	$13,020
89-0226 AIDS Counselling & Education in the Dominican Rep.	$114,556
Sexual Attitudes and Behaviour of Adolescents in the Dominican Republic	$67,597
91-1006 Maternal HIV in Haiti	$30,730
92-8756 Impact Evaluation of Community Home makers for AIDS Patients in the Dominican Republic	$247,619

AIDS/HIV PROJECTS (Global)

PROJECT NUMBER & TITLE	AMOUNT IN CAD
87-0154 AIDS Diagnosis Ph.I (PATH)	$47,260
88-0215 AIDS Diagnosis Ph.II (PATH)	$246,712
91-0158 AIDS Diagnosis Ph.III (PATH)	$103,070
88-0408 (Global Village) Video for AIDS Conference	$147,980
90-0243 (IFAR) International Forum for AIDS Research	$50,000

AIDS/HIV PROJECTS IN WEST & CENTRAL AFRICA (WARO)

PROJECT NUMBER & TITLE	AMOUNT IN CAD
88-0174 Epidemiology of HIV-1 & HIV-2 in Nigeria	964,790
88-0251 Senegalese Society & AIDS in Senegal	73,740
88-0401 Sexual Practices & Risks Factors for AIDS in Senegal	42,820
88-0405 Condom Acceptability & Use in Nigeria	92,765
89-0022 Sexually Transmitted Diseases/AIDS in Senegal	173,653
89-0339 HIV Infection Risks in Benin	6,450
90-0261 AIDS Counselling & Education in Senegal	65,184
90-0331 West & Central Africa AIDS Research Network (Regional)	160,800
91-0274 AIDS Education in Ghana	74,400

AIDS/HIV PROJECTS IN SOUTH EAST & EAST ASIA (ASRO)

PROJECT NUMBER & TITLE	AMOUNT IN CAD
91-1050 AIDS among Isan Women in Thailand	445,200
91-0221 Economic & Social HIV/AIDS Prevention Strategies for Northern Thai Women in Thailand	173,478

ANNEX II

AIDS/HIV PROJECTS QUESTIONNAIRE

FOR PROJECT LEADERS

INTERNATIONAL DEVELOPMENT

RESEARCH CENTRE

I.ACHIEVEMENT OF OBJECTIVES:

(1) **Is the project on going** ☐ Yes ☐ No

(2) **To what degree were the project objectives met?** *(please check one answer only)*

- ☐ Greatly exceeded objectives
- ☐ Exceeded objectives
- ☐ Met objectives
- ☐ Fell below objectives
- ☐ Fell well below

(3) **What in your opinion was the cause of the level of achievement of the project objectives as answered in question 2?**

(4) **What were (are) the main obstacles/constraints this project encountered?**

(5a) **Are the project outcomes/results what you expected?**

☐ Yes ☐ No.

If no, how are they different?

(5b) **Which factors in Question (4) affected the outcomes and how?**

(6) **Would you consider the project outputs to be sustainable after the cessation of IDRC funding i.e. research results to be utilized and changes to be maintained**

☐ Yes ☐ No. *Please explain briefly*

II. GENDER ANALYSIS:

Men and women are affected by AIDS/HIV in very different ways, not only biomedically, but also socially and economically. This question will attempt to understand the extent to which IDRC supported projects reflected this fact.

(7) **Does the project reflect consideration of gender issues?**

☐ Yes ☐ No. ☐ NA **Please explain briefly** .

(8) **Who are/were the target group of the project?**

☐ Men ☐ Women ☐ Children

(9) **How have men and women benefited** ? ☐ Equally ☐ Not equally
Please explain briefly

(10) **Were the needs and interests of women explicitly addressed in the objectives?**

☐ Yes ☐ No ☐ N/A

Please explain briefly

(11) **What impacts did/would the project have on men and women? How do they differ?**

(12) **Did your research team include women?** ☐ Yes ☐ No.

If yes, in what capacity have they been involved in the project? *(please check the appropriate answer).*

- ☐ Research Manager/ Team leader
- ☐ Researcher
- ☐ Technician
- ☐ Secretarial/ administrative
- ☐ Other (please specify) _____

III. INTER-DISCIPLINARITY

Inter-disciplinary research involves researchers from different disciplines.
A feature of this approach is the collaboration and cooperation of such researchers in all project phases, beginning with problem formulation, continuing in research design, data collection and analysis and synthesis of results and experiences.
In this section we would like to assess the degree of inter-disciplinarity of this project, as well as the advantages and disadvantages of the inter-disciplinary approach in comparison to single discipline.

(13) **Is/was the project inter-disciplinary?** ☐ Yes ☐ No.
(If no, please proceed to Q.16)

If yes, what disciplines are/were involved? *(please specify where necessary)*

☐ Natural Sciences

☐ Social Sciences

☐ Arts

☐ Mathematics

☐ Professional Degree

☐ Other

(14) **Which one(s) was/ were the lead discipline(s)? If any**

_____

_____

_____

(15) **At what stage were the other disciplines involved ?**

Discipline	Design Stage and Analysis	Data collection and Analysis	Synthesis
1.			
2.			
3.			
4.			

Comments

(16) **Please explain what advantages/disadvantages the inter-disciplinary approach has for this project**

(17) **If the project has been approached from a single discipline, please describe what advantages and/ or disadvantages it has had compared to inter-disciplinary approach:**

(18) **Has this project had positive impact on the social, economic and educational status or mental health/wellbeing of the target groups/beneficiaries?** *(Please check the appropriate answer).*

Social status	☐ Yes	☐ No	☐ N/A
Economic	☐ Yes	☐ No	☐ N/A
Education	☐ Yes	☐ No	☐ N/A
Mental Health/Wellbeing	☐ Yes	☐ NO	☐ N/A

Please explain how

(19) **Has it had any negative impact?**

☐ Yes ☐ NO

Please explain

IV. CAPACITY BUILDING:

Capacity building is more or less a systematic process of strengthening an individual's or an institution's ability to identify problems, assess needs, establish priorities for action design, implement programs and evaluate their effects. In this section we would like to know if IDRC's support contributed to enhancing the capacity of recipient individuals and institutions

(20) **Has there been a capacity building component in the project?**

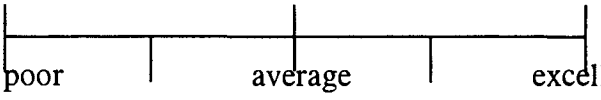
☐ Yes ☐ NO. *Pleases elaborate*

(21) **Please indicate who benefited from the capacity building contributed by this project and the degree of significance in the provided table:**

Beneficiary	V.Significant	Significant	Insignificant	Not Applicable
Recipient Institution				
Research Manager				
Other Researchers				
Community				
Target groups				
Programme				

Comments:

(22) **Using the scale below, please indicate the capacity building accomplished by this project on the following areas:** *(Circle the appropriate number with 5 being excellent, 3 average and 1 poor. If the answer is not applicable please circle 6.*



Research Skills	1	2	3	4	5	6
Research Management	1	2	3	4	5	6
Applicability/Utilization of Research Results	1	2	3	4	5	6
Sustainability after Cessation of IDRC support	1	2	3	4	5	6

Comments:

V. PROJECT OUTPUTS AND RESULTS

When measuring the success of a project, it is important to evaluate the actual outcomes of the project. In this section, we are interested in documenting the outputs and results of the project.

(23) **Of the following types of outputs, please indicate the one(s) produced by the project by checking the appropriate answer where indicated and provide details (title, date, place etc...)**

1. Information sharing/Dissemination		Details
Final/Interim/Progress Report		
Journal article/book chapter		
Conference		
Information service/database		
Book/monograph		
CD-ROM		
Audiovisual aids or materials		
Popular press/radio/TV.		
Other (e.g. Community initiatives)		

2. Training		Details
Training seminar		
Workshop		
Short term training		
Degree or diploma oriented postgraduate education		
Degree or diploma oriented technical education		
Exchange program (with training focus)		
Internship/fellowship		
Non-formaled programmes		

3. Knowledge creation		Details
New/improved research methodology		
New/improved technology		
New/improved curriculum		
New/improved policy		
New/improved education material		
Patented technology or product		
Others		

(24) **RESULTS**

Please indicate the degree of significance of results or potential results of the project in the table provided:

	Training / Seminars Workshops	Change of Behaviour/ Attitude of Beneficiaries	Education tools
Very Significant			
Significant			
Limited			
None			
Not Applicable			

Comments:

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE
YOUR INPUT IS GREATLY APPRECIATED.

ANNEX III

IDRC's Supported AIDS Research Categories

Project Number Title and Phase	Research Category			
	Control/ Prevention	Diagnostics	Epidemiology	Other
86-0177 (Kenya) Paediatric AIDS Phase I			☼	
86-0336 (Uganda) Paediatric AIDS Phase I			☼	
87-0154 (PATH/GLOBAL) AIDS Diagnosis Phase II		☼		
87-0309 (Uganda) AIDS Health Education	☼			
88-0174 (Nigeria) Epidemiology of HIV-1/2			☼	
88-0215 (PATH/GLOBAL) AIDS Diagnosis Phase II		☼		
88-0251 (Senegal) Senegalese Society and AIDS	☼			
88-0401 (Senegal) Sexual Practises and Risk factors for AIDS	☼			

Project Number Title and Phase	Research Category			
	Control/ Prevention	Diagnostics	Epidemiology	Other
88-0403 (Mexico) HIV Transmission			☼	
88-0405 (Nigeria) Condom Acceptability and Use	☼			
88-0408 (Canada) Video f.AIDS Conference				☼
89-0022 (Senegal) Sexually Transmitted Diseases (AIDS)	☼			
89-0118 (Uganda) Paediatric AIDS Phase II			☼	
89-0165 (Colombia) STD & AIDS Prevention for Adolescents	☼			
89-0226 (Dominican Rep.) AIDS Counselling & Education	☼			
89-0324 (Uganda) Social Analysis of AIDS	☼			
89-0339 (Benin) Study of HIV Risks			☼	

Project Number Title and Phase	Research Category			
	Control/ Prevention	Diagnostics	Epidemiology	Other
90-0113 (Dominican Rep.) Sexual Attitudes & Behaviours of Adolescents	☼			
90-0131 (South Africa) HIV and Refugees	☼			
90-0196 (Kenya) Sexual Behaviours & STDs in Long Distance Truck Drivers	☼			
90-0204 (Uganda) Understanding High Risk Sexual Behaviour	☼			
90-0243 (GLOBAL) International Forum for AIDS (IFAR)				☼
90-0261 (Senegal) AIDS Counselling & Education	☼			
90-0328 (Zimbabwe) Socio-cultural Determinants of AIDS	☼			
90-0331 (Regional) West & Central Africa AIDS Research Network (WCAARN)				☼

Project Number Title and Phase	Research Category			
	Control/ Prevention	Diagnostics	Epidemiology	Other
90-0349 (Kenya) Understanding High Risk Sexual Behaviour	☼			
90-0355 (South Africa) HIV & Labour Movement	☼			
91-0158 (PATH/GLOBAL) AIDS Diagnosis Phase III		☼		
91-0206 (South Africa) Women and AIDS	☼			
91-0221 (Thailand) Economic & Social HIV/AIDS Prevention Strategies for Northern Thai Women	☼			
91-0274 (Ghana) AIDS Education	☼			
91-1006 (Haiti) Infection Maternelle		☼		
91-1013 (Kenya) Paediatric AIDS Phase II			☼	
91-1050 (Thailand) AIDS among Rural Isan Women	☼			

Project Number Title and Phase	Research Category			
	Control/ Prevention	Diagnostics	Epidemiology	Other
92-8455 (Zimbabwe) Women and AIDS	☼			
92-8756 (Dominican Rep.) Impact Evaluation of Community Home Care for AIDS Patients	☼			
93-0215 (Regional) Network of AIDS Researchers for Eastern and Southern Africa (NARESA)				☼

ANNEX IV

Notes from the Field Trip

Paediatric AIDS Ph.I & II (86-0177, 91-1031)

This was the first IDRC supported AIDS project. It is the longest running study of its kind in Africa. It has cohort groups of 1500 mothers and 1700 children. About 45% of the children are HIV infected. The oldest surviving child was born in February 1986. Survival rate of these children up to 5 years and above is about 75%. Follow up of the HIV infected mothers and their children for every three months up to one year is about 70%. It is difficult to follow up if the parents die and the children are adopted by relatives.
Home visits are also conducted occasionally, if a patient has not been heard of for more than six months. The home visits have been enabled by the vehicle purchased by IDRC, which also improved the follow up significantly.

Gender Consideration:

The project was designed to target specifically mothers and their neonates. However, whenever there has been a need to involve the male partners of the mothers, that involvement has been sought by the researchers with the consent of the women.

Inter-disciplinarity:

Social Science component has been added to the project at the second phase because of interest in the interaction between HIV, health and social and economic factors. Objective number six of this phase states that the effect of HIV infection on the social and economic well being of the effected family be studied.
To date the logistics for this component has been established. Mrs. Judith Kusimba an anthropologist and Gloria Kimani as her research assistant have been recruited, and data collection instrument for initial cross sectional study has been designed (questionnaires) but undertaking qualitative research seems to be weak. Reason for that is partially time constraint which is a major problem for Mrs. Kusimba, due to other responsibilities such as data entry. And partly because she lacks experience and necessary guidance to undertake this research.
Counselling is provided only once after the mothers are told about their sero status.

Capacity Building:

The project has significantly enhanced the research capability of the University of Nairobi and University of Manitoba. According to the project leader, technical

capabilities of the research institute has been superbly enhanced through this project.

Furthermore research assistants, nurses, technicians and other doctors in AIDS research received training through this project.

Dissemination and utilization of the results:

The project findings have been widely disseminated through two international AIDS conferences and three national ones. Results have also been published in international and national journals.
According to the project leader, the research results have been utilized nationally for purposes of health care planning.

Paediatric AIDS Ph.I & II Uganda (86-0336,89-0118)

The project was the first IDRC AIDS supported project in Uganda. It was also first paediatric AIDS ever conducted in that country.
The project has generated a lot of interest after the first phase. New findings have been unveiled; the rate of vertical transmission - from mother to fetus - has been proven to be less than feared (30%). The morbidity rate was also lower than anticipated.
The project leader mentioned that to date 15 healthy children who have been among the oldest of the study group are surviving. They are about 8 years old. Most of them are orphans. Surviving mothers and children are at constant contact with the research team for follow up.

Gender Consideration:

The project was designed for mothers and their newborns, but like the other paediatric Aids project in Kenya, fathers have been involved when it was necessary and with the mothers consent.
Both the project leaders of these Paediatric Aids projects in Kenya and Uganda mentioned that there have been rare cases of child abandonment or wife divorce in the cases where mother was tested positive.

Inter-disciplinarity:

The project was approached from a single discipline 'Epidemiology'.

Capacity Building:

According to the project leader, all the research team has benefited enormously from this project. The research skills of the project leader as well as the research assistants have been enhanced immensely. That enabled all the research assistants to be involved in the AIDS research in Uganda. One of them pursued further education in paediatric AIDS, while the project leader concluded his post graduate education based on his findings as his dissertation.
The Paediatric Department of the Medical School has also benefited as it received a computer and a vehicle through this project.

Dissemination and utilization of the results:

The project leader mentioned that the research results have been instrumental in the design of new AIDS Education Programs formulated by the National AIDS Control Program. The family planning has also utilized these research results in formulating their policies, and therefore started discouraging the HIV positive women to have more children, but should instead focus on caring for their HIV-positive children .
He also stated that the results have been widely disseminated in Uganda, and that he held workshops seminars and conferences across the country, and some others sponsored by UNICEF in the region.

AIDS Health Education in Uganda (87-0309)

This project has been the first to investigate the general Knowledge, attitudes, Beliefs and Practice **(KABP)** of the rural people in Uganda.
According to the investigators, the awareness of AIDS was unexpectedly high and has improved with in a very short time, but up to now change of behaviour is minimal. In some cases the little change that has been achieved was reversed due to lack of follow up actions. For example condom use and availability have declined significantly. Family planning agencies do not receive them from USAID who used to provide them before.

Gender Consideration:

The project had no specific gender considerations in the outset, however there has been a consideration during the interviews and surveys. Follow up study is focused specifically on female children and adolescents

Inter-disciplinarity

The project was not inter-disciplinary.

Capacity Building:

The project leader mentioned that there has been significant capacity building in terms of the interviewers, researchers and the community at large.
The researchers and interviewers acquired skills in research design, data collection, analysis and synthesis.
The recipient institution has likewise enhanced its research capabilities. It acquired computer, printer and data base for data analysis through this project.

Dissemination and utilization of the results:

Utilization of the research results has been limited due to lack of dissemination.
The researchers managed to undertake some sort of dissemination with in the community where the study was conducted. The recipient institution reviewed its curriculum and included AIDS education program as was recommended by the research team.
The research results were sent to the AIDS Control Program but there has been no follow up action from their side.

Social Analysis of AIDS in Uganda (89-0324)

This quantitative cross-sectional study was launched in order to provide baseline data for the development policies and culturally sensitive interventions by the National AIDS Control Program of Uganda.

Gender Consideration

Although the project design didn't address gender specific issues in its objectives, many questions in the questionnaire addressed specific gender concerns, and all data were analyzed with gender consideration.

Inter-disciplinarity:

The project was inter-disciplinary, it involved mainly epidemiology and Sociology, other involved disciplines include: Geography, Demography and Social work

Capacity Building:

The project leader stated that this study has enhanced the research skills of the research team entirely. Eight of the researchers and research assistants who were new university graduates went into research related occupations after the study. One field supervisors continued on to graduate studies while another continued PhD

studies. Both of them still provide leadership in local research projects. Furthermore there have been AIDS related training offered to some active community leaders and traditional healers.
On the other hand, the communities in the study sites in general and the target groups in particular were enabled through the interviews and focus group discussions to raise their awareness and knowledge about HIV/AIDS.

Dissemination and utilization of the results:

The Research Results have been utilized for community based AIDS education program in Eastern Uganda according to the co-investigator.
A co-researcher has also developed Training Manual for peer educators and traditional leaders on the basis of the research results.

Sexual Behaviour and STDs in Long Distance Truck Drivers in Kenya (90-0196)

The project is a second phase of STD project funded by the University of Washington in Seattle. The project site has a clinic for sexually transmitted diseases (STDs) which is situated on the highway that connects kenyan coast to western Kenya and other african countries. To date 970 truck drivers and their assistants have participated in this study. However, follow up is extremely difficult due to the nature of the work of these drivers and their assistants. Only about 20% have a regular follow up. The project leader mentioned that they are going to set up another follow-up site at Mombasa to overcome this problem. Many men see the clinic as AIDS clinic and do not like to be associated with it, while others come only when they are sick.

Women who live around the project site at Athi River, are included in the study. Most of these women are commercial sex workers. According to chairperson of their organization, Mlongo Women's Group, they have approached the clinic voluntarily and requested the research team to include them.
The project leader mentioned that between 30 and 40% of the tested women are HIV-positive. Although most of these women are at child bearing age and many of them already have children, nothing is being done for these children, nor is anything planned in the future.

On behalf of the women, their chairperson requested IDRC to support them in initiating income generating alternatives, an activity they are already undertaking. She also asked if IDRC could expand their clinic and provide some health Education programs for these women.

Currently the research team is looking into possibilities of creating income generating activities for these women who are devoted to quit their current source of income.

Gender Consideration:

Initially this project had no gender consideration. It was also designed to target only men and study their sexual behaviour. In the course of the project researchers decided to address the gender issues, and also include these women and the other sexual partners of their clients in the study.

Inter-disciplinarity:

The study has an inter-disciplinary approach. Involved disciplines are epidemiology, microbiology and social work. However the Social worker seems to be marginalized. There seems to be some sort of conflict between the clinical officer and the social worker as to who handles the counselling of the HIV-positive clients. The project leader also mentioned that there has been a dissatisfaction from the side of the social scientists who felt that their role has not been defined properly. The social sciences component was been included at a later stage. The project leader feels it should have been involved right from the stage design.

Capacity building:

The researchers have improved their research skills significantly through this project. Moreover the study raised the knowledge of the target group about HIV/AIDS. Although they were aware of the HIV/AIDS, did not realized that it is also STD. That has improved tremendously, and through counselling the research team succeeded in condom promotion sex.
Commercial sex workers and the other women who live near the project site benefited from this clinic. According to their chairperson, most of them have heard about AIDS but knew little about it. Their level of awareness about the transmission modes has been significantly enhanced through this project.
The chairperson also reported that they practise safe sex and get condoms from the research clinic.

Dissemination and utilization of the results:

The research results have been disseminated in international fora such as International AIDS conferences (8 and 9) and the Tenth Medical Scientific Conference in Nairobi. They have been also published in national and international journals such as East African Medical Journal and Archives of Internal Medicine.

Understanding High Risk Sexual Behaviour in Uganda (90-0204)

This project was the first qualitative research on AIDS conducted in Uganda. It had a participatory approach. Bar girls who are considered as a risk group have been involved from the development stage of the project through its implementation.
This project has generated a lot more data than anticipated, that has caused delay of data analysis which is taking place now. According to the project leader, the study has identified several high risk groups which had previously not been identified by epidemiological studies. The study has also uncovered social networks support members of the core groups and the

Gender Consideration:

This project has specific gender consideration. According to the project leader, the research team has made a deliberate attempt to address gender issues in so far as they affect communications between partners and economic opportunities for men and women. They also studied the plight of women in the socio-cultural context and its effect on their riskability for HIV-infection

Inter-disciplinarity:

This project has inter-disciplinary approach. Although the project leader is epidemiologist and has used epidemiological data from design through data collection, the study has a very strong component of social sciences.

Capacity Building:

The project has improved the research skills of the research team significantly. Researchers' knowledge and skills for designing, conducting and analysis of qualitative studies have been enhanced considerably. The research assistants have all received a short training by the project leader and developed their skill tremendously through this project.
The project leader also mentioned that, this project has greatly contributed to development of interest and implementation of qualitative studies in Uganda. A challenge which came a long with this development is that the project leader might not be able to retain his team for the next face due to great demand created for this skilled researchers.

Dissemination and utilization of the results:

The data analysis is not yet complete, and the dissemination is yet to take place.

Socio-cultural determinants of AIDS in Zimbabwe (90-0328)

The research was to test the effectiveness of three different intervention approaches for AIDS education, and a combination of the three in four different villages. The intervention strategies used were Education of the subjects through: traditional leaders (chiefs), village health workers (VHW), drama and discussions and a combination of all the methods in the fourth village.

Gender consideration:

There has been no specific gender consideration in the project design, nor during the implementation. Both men and women participated in all the interventions and discussions in the same manner.

Inter-disciplinarity:

An interdisciplinary approach was employed in this project. Involved disciplines included: Sociology, Arts **(Drama)** and Education.

Capacity Building:

According to the project leader, the study has enhanced the research capabilities of the research institute, researchers and research assistants. Four research assistants have joined other research projects, and another has left for the U.S to pursue further studies. The project leader has also indicated that the interventions have enormously increased the awareness of the people about AIDS and has reduced misconceptions based on social norms about the pandemic.

Dissemination and utilization of the results:

The project leader has mentioned that the research results have helped AIDS control Program formulate new policy for AIDS education programs. She also indicated that she is planning to conduct dissemination workshops - one national and a local one for the villages - and to work with the health workers in order to utilize the research results for appropriate interventions.

Understanding High Risk Sexual Behaviour in Kenya (90-0349)

This project explored the efficacy of therapeutic intervention and group counselling. The data collection has been completed and the project is in the final stage of data analysis and report writing.

Gender Consideration:

The researchers studied the gender roles and relationship between sexual partners. The principal focus of this project has been the male sexual behaviour. Initially it was designed to study 120 women (20% of the study group of 600) in order to assess the relative outcomes of men only group and a group of men with women and compare their outcomes. But that did not materialize and hence the whole group was exclusively men. However, these men recommended strongly the women be included in future studies if a real change in sexual behaviour has to be achieved.

Inter-disciplinarity:

This project comprises the first project in the region in which there has been a collaboration between psychologists and biomedical scientists.

Capacity building:

The study has provided the research team with enormously enhanced counselling and research skills.
Furthermore, it raised the awareness of the target group about the risk behaviours and how to change them. It also attained for them to be well trained and operate as change agents within the community.
They also have acquired behaviourial skills to encourage their partners to attend to clinics for HIV-test and treatment of STDs.

Dissemination and utilization of the results:

The study is at the stage of report writing and the results have yet to be disseminated.

Women and AIDS in Zimbabwe (92-8455)

The project is on going with remarkable development. The original project leader has left Zimbabwe, two volunteers from the recipient institution "Women and AIDS Support Network" **(WASN)** have adopted the study.
The project has generated a wealth of data which is currently being analyzed. Although the project is far from complete, one can conclude it has exceeded its objectives.
One unique feature of this project is that the research team launch report back workshops in three different study sites. This has enabled them to build stronger ties with the target groups and enabled the research team to conduct educational campaigns in those areas.

These workshops have also generated great interest among the people in the research sites to participate these campaigns more as peer educators, and community liaisons between the research team and the target groups.

Gender Consideration:

The project has significant gender consideration. It studies the gender roles, gender relations and access to power and economic resources.

Inter-disciplinarity:

This project is inter-disciplinary, involved disciplines are Medicine, Sociology and Social work

Capacity Building

The researchers and WASN volunteers acquired significant research skills and project management through this project. Target groups have also increased their knowledge about AIDS and its transmission modes. Community counterparts learned new skill as interviewers, liaisons officers and organizers of workshops.

Dissemination and utilization of the research results:

According to the project coordinator, the findings are being used for on-going workshops and education programs for the women in the rural areas of Zimbabwe. Also three workshops have been conducted as feedbacks for the target groups and the villagers at the study sites.

Network for AIDS Researchers in Eastern and Southern Africa NARESA (93-0215)

This project represents a support for the above mentioned network. Basically Naresa does Networking for the researchers in the region. It facilitates for them exchanging ideas and information sharing.

NARESA has been established in an IDRC co-funded initiative in Harare, Zimbabwe,in March 1989. This current project is collaboratively funded by IDRC ($150,000), Ford Foundation ($75,000) and Rockefeller Foundation ($65,000). The IDRC support comprises (i) a regional workshop to set priorities for AIDS research, (ii) a small grants program for 10 AIDS-related proposals, and (iii) a policy review workshop to disseminate and utilize research findings.

To date, Naresa has funded 5 socio-behaviourial researches; 2 in Zambia, 2 in Uganda and one collaborative in Kenya and Zambia. As to the biomedical research Naresa has received 10 proposals of which they will fund five after they review them.

Gender Consideration:

Naresa has currently 482 members. Thirty percent of them are women. Naresa encourages incorporation of gender issues in AIDS research.

Inter-disciplinarity:

Naresa members represent Bio-medical and Social Scientists, who are interested and involved in biomedical as well as socio-cultural and behaviourial aspects of the pandemic.

Capacity Building:

Naresa conducts training regularly to help the young new researchers; to improve research skills and methodologies.

Dissemination:

Naresa produces periodic monographs to publish the research results of the AIDS researchers in the region.

ANNEX V

In-depth Interview Itinerary

October 11-14 in Nairobi

I. October 11, 1994, Project 90-0196 in Athi-River Kenya

Individuals met:	Title
1. Dr. J.J. Bwayo	Project Leader (also on 12 October at the IDRC office)
2. Dr. Omari	Researcher
3. Ms. Scholastica Mikali	Chair of Athi-River Women Group

II. October 11, 1994, Project 90-0349

1. Dr. D. Balmer

III. October 12, 1994 86-0177 (Ph.I) 91-1013 (Ph.II); in University of Nairobi and Pumwani Maternity Hospital in Nairobi.

1. DR. Ndinya-Achola	Project leader
2. Dr. Frank Plummer	Team leader of the Manitoba Group
3. Dr. Stephen Moses	Researcher
4. Dr. Simon Njenga	Physician
5. Ms. Judith Kusimba	Researcher

IV. October 13, 1994, Project 93-0215; at NARESA Office.

1. Jan Bradley	Project Coordinator

V. October 14, 1994 University of Nairobi, Department of Microbiology.

1. Stephen Moses
2. Frank Plummer

VI. October 14, 1994 NARESA

1. Jackie Makokha	Project Administrator
2. Dr. Joshua Kimani	President of NARESA Kenya Chapter

VII. October 17-20 Kampala, Uganda

October 17, 1994 Project 87-0307, Faculty of Social Sciences Makarere University, Kampala

Individuals met:	Title
1. Mr. Edward Kahororo	Project leader
2. Mr. Sam Elasu	Co-investigator

Project 89-0324

1. Mr. Narathius Asingwiire	Co-investigator

VIII. Medical School, Makarere University.

October 19, 1994 project 90-0204.

1. Dr. Nelson Sewankambo	Project leader

October 20, 1994 Projects 86-0336 (Ph.I) and 89-0118 (Ph.II).

1. Dr. Mworozi	Project leader

IX. October 24-27, Harare, Zimbabwe.

October 24, 1994 Project 90-0328.

1. Dr. Marvellous Mhloy	Project leader

X. October 25, 1994 Project 92-8455

1. Mrs. Nancy MaCharen	Project Coordinator
2. Mrs. Mary Sandasi	Research Administrator

October 26, 1994

I have met with the Research Sub-Committee of WASN which comprises:

1. Dr. Sunanda Ray	Project Leader(WASN Chair)
2. Mrs. Nancy McCharen	Project Coordinator
3. Mrs. Mary Sandasi	Research Administrator
4. Mrs. Caroline Maposhere	Researcher

IDRC Staff:

October 6, and December 21, 1994

Don de Savigny	Senior Program Officer, Health Sciences Division, and member of former IDRC AIDS Committee

October 11, 13, and 14, 1994

Ms. Sandra Baldwin	Program administrator for Health Sciences Division in EARO

December 20, 1994

Yianna Lambrou	Former member of IDRC AIDS Committee.

ANNEX VI

IDRC Allocations for International AIDS Research

Project Number Title and Phase	AMOUNT IN CAD							
	86/87	87/88	88/89	89/90	90/91	91/92	92/93	93/94
86-0177 (Kenya) Paediatric AIDS Phase I	443,736							
86-0336 (Uganda) Paediatric AIDS Phase I	74,377							
87-0154 (PATH/GLOBAL) AIDS Diagnosis Phase II		47,260						
87-0309 (Uganda) AIDS Health Education		33,395						
88-0174 (Nigeria) Epidemiology of HIV-1/2			964,790					
88-0215 (PATH/GLOBAL) AIDS Diagnosis Phase II			246,712					
88-0251 (Senegal) Senegalese Society and AIDS			73,740					
88-0401 (Senegal) Sexual Practises and Risk factors for AIDS			42,820					
88-0403 (Mexico) HIV Transmission			224,470					
88-0405 (Nigeria) Condom Acceptability and Use			92,765					

Project Number Title and Phase	AMOUNT IN CAD							
	86/87	87/88	88/89	89/90	90/91	91/92	92/93	93/94
88-0408 (Canada) Video f.AIDS Conference			147,980					
89-0022 (Senegal) Sexually Transmitted Diseases (AIDS)				173,653				
89-0118 (Uganda) Paediatric AIDS Phase II				105,080				
89-0165 (Colombia) STD & AIDS Prevention for Adolescents				13,020				
89-0226 (Dominican. Rep) AIDS Counselling & Education				114,556				
89-0324 (Uganda) Social Analysis of AIDS				61,250				
89-0339 (Benin) Study of HIV Risks				6,450				
90-0113 (Dominican Rep.) Sexual Attitudes & Behaviours of Adolescents					67,597			
90-0131 (South Africa) HIV and Refugees					221,450			

Project Number Title and Phase	AMOUNT IN CAD							
	86/87	87/88	88/89	89/90	90/91	91/92	92/93	93/94
90-0196 (Kenya) Sexual Behaviours & STDs in Long Distance Truck Drivers					146,774			
90-0204 (Uganda) Understanding High Risk Sexual Behaviour					83,445			
90-0243 (GLOBAL) International Forum for AIDS (IFAR)					50,000			
90-0261 (Senegal) AIDS Counselling & Education					65,184			
90-0328 (Zimbabwe) Socio-cultural Determinants of AIDS					118,670			
90-0331 (Regional) West & Central Africa AIDS Research Network (WCAARN)					160,800			
90-0349 (Kenya) Understanding High Risk Sexual Behaviour					50,546			

Project Number Title and Phase	AMOUNT IN CAD							
	86/87	87/88	88/89	89/90	90/91	91/92	92/93	93/94
90-0355 (South Africa) HIV & Labour Movement					74,759			
91-0158 (PATH/GLOBAL) AIDS Diagnosis Phase III						103,070		
91-0206 (South Africa) Women and AIDS						16,190		
91-0221 (Thailand) Economic & Social HIV/AIDS Prevention Strategies for Northern Thai Women						445,200		
91-0274 (Ghana) AIDS Education						74,400		
91-1006 (Haiti) Infection Maternelle						30,730		
91-1013 (Kenya) Paediatric AIDS Phase II						485,270		
91-1050 (Thailand) AIDS among Rural Isan Women						173,478		

Project Number Title and Phase	AMOUNT IN CAD							
	86/87	87/88	88/89	89/90	90/91	91/92	92/93	93/94
92-8455 (Zimbabwe) Women and AIDS							41,860	
92-8756 (Dominican Rep.) Impact Evaluation of Community Home Care for AIDS Patients							247,619	
93-0215 (Regional) Network of AIDS Researchers for Eastern and Southern Africa (NARESA)								150,000
TOTAL	**518,113**	**80,655**	**1,793,277**	**474,009**	**1,039,225**	**1,328,338**	**289,479**	**150,000**